

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/540,743

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3		/					53		/				
4		/					54	/					
5		/					55	/					
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67	/					
18		/					68		/				
19	/						69		/				
20	/						70		/				
21		/					71		/				
22		/					72		/				
23		/					73		/				
24		/					74		/				
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30	/						80		/				
31	/						81		/				
32	/						82		/				
33	/						83		/				
34	/						84		/				
35	/						85		/				
36	/						86		/				
37	/						87		/				
38	/						88		/				
39	/						89		/				
40	/						90		/				
41	/						91		/				
42	/						92		/				
43	/						93		/				
44	/						94		/				
45	/						95		/				
46	/						96		/				
47	/						97		/				
48	/						98		/				
49	/						99		/				
50	/						100		/				
TOTAL IND.		↓		↓		↓	TOTAL IND.	4	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	33	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	37					